

VILLAGE OF BARTLETT REQUEST FOR A WRITTEN LOCAL ADJUDICATION HEARING

TO CONTEST A PARKING OR COMPLIANCE CITATION

(WAIVE YOUR RIGHT TO AN IN-PERSON HEARING)

THIS FORM MUST BE COMPLETED, POSTMARKED AND MAILED OR DELIVERED TO THE BARTLETT POLICE DEPARTMENT, 228 S. MAIN STREET, BARTLETT, IL 60103 AT LEAST 7 DAYS PRIOR TO THE HEARING DATE ON THE SECOND NOTICE OF PARKING, STANDING, OR COMPLIANCE VIOLATION.

TODAY'S DATE:	CITATION NUMBER		
CITATION ISSUANCE DATE:	CITATION	DUE DATE: _	
ASSIGNED I	HEARING DATE:		
NAME		PHONE	
EMAIL ADDRESS:			<u> </u>
ADDRESS	CITY	STATE	ZIP
OFFICER'S STAR # VIOLATION			
LOCATION OF OFFENSE			
PLEA (Circle one): LIABLE NO STATEMENT/TESTIMONY (Use the reverse s			
Copies of documentation attached? YES	NO NO		
I swear that the above is a true and accurat local adjudication hearing appearance and statement/testimony and any documentati is final and you have the right to appeal his Illinois Administrative Review Law (735 ILCS)	te statement. I understand tha that the hearing officer will ma tion that I provided. I also unde s/her decision by filing for judic	ake his/her decis erstand that the l	ion with the hearing officer's decision
Signature			
	FOR INTERNAL USE ONLY		
L A CHECKLIST DONE BY: # VERIFIE			OCCURRENCES: FINDINGS DB